

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

U.S. Department of Justice
United States Marshals Service

PLAINTIFF Michael Patrick Contorno		COURT CASE NUMBER 08C2737
DEPENDANT Chicago Police Department, et al.		TYPE OF PROCESS S/C
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Sheriff of Cook County	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 1500 Maybrook Dr., Rm . 236, Maywood, IL 60153	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: Michael Patrick Contorno 703 W. Liberty Drive Wheaton, IL 60187	Number of process to be served with this Form - 285	1
	Number of parties to be served in this case	4
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

FILED
Aug 5, 2008
AUG 05 2008 RC**MICHAEL W. DOBBINS**
CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

05-19-08**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 2 of 4	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	Td	Date 05-19-08
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Carol McTadden

Address (complete only if different than shown above)

50 W. Washington☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

7/21/08

Time

1515

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee 48.00	Total Mileage Charges (including enclaves) 1.48	Forwarding Fee 0	Total Charges 48.48	Advance Deposits 0	Amount owed to U.S. Marshal or 48.48	Amount of Refund
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REMARKS:

7/21/08 - 1 DUSM, 1 Hour, 1 mile